

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2136 Spruce Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2136 Spruce Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1940 hour _____ minute 1:00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to November 10th, 1940.
that I last saw her alive on November 10th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hemiplegia caused by cerebral hemorrhage
Duration 2 yrs

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Nature of injury _____
23. Signature J. P. Wilder (M. D. or other) _____
Address 2601a Dickson St. Date signed 11-12-40

3. (a) PRINT FULL NAME Laura Gates
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julius Gates 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Unavailable Sept. 1881
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
About 59 hr. _____ min.

9. Birthplace Desota Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Rufus Hamilton
13. Birthplace Unavailable Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Harriet - Unavailable
15. Birthplace Unavailable Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Gates
(b) Address 2136 Spruce Street

17. (a) Burial (b) Date thereof 11-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) 14 1940 (b) _____
(Date received local registrar) (Registrar's Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

A. T. Sivola Jr.

working under my personal supervision.

Registered Apprentice No. *245*

Signed *Amelia A. Shivers*

Licensed Embalmer No. *3522*

P. O. Address *4107 Finney Ave.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.